CHAPTER 4

EVACUATION REQUEST PROCEDURES

4-1. **General**.

Procedures for requesting medical evacuation support must be institutionalized down to the unit level. Procedural guidance and standardization of request procedures are provided in this chapter. The same format used to request aeromedical evacuation is also used for requesting ground evacuation.

4-2. **Unit Evacuation Plan**.

Before initiating any operation, a unit must have an evacuation plan in effect. The plan may be a standard SOP or it may be designed for a particular operation. It can be published in various ways depending on the level of headquarters and the amount of detail required. For example, it may be in the form of verbal instructions at the squad or platoon level, a comment in the Signal Operation Instructions (SOI), or a paragraph in the unit operational order (OPORD). The unit evacuation plan is essential to requesting evacuation because it identifies:

a. Primary and alternate channels to be used in submitting the medical evacuation request.

b. Primary and alternate evacuation routes to be used.

c. Means of evacuation (type of transport such as litter, ground ambulance or air ambulance) to be used.

d. Location of the destination MTF, if predesignated.

4-3. **Determination to Request Medical Evacuation and Assignment of Medical Evacuation Precedence**.

The determination to request medical evacuation and assignment of a precedence is made by the senior military person present. This decision is based on the advice of the senior medical person at the scene, the patient’s condition, and the tactical situation. Assignment of a medical evacuation precedence is necessary. The precedence provides the supporting medical unit and controlling headquarters with information that is used in determining priorities for committing their evacuation assets. For this reason, correct assignment of precedence cannot be over-emphasized; over-classification remains a continuing problem. Patients will be picked up as soon as possible, consistent with available resources and pending missions. The following are categories of precedence and the criteria used in their assignment:

a. Priority I-URGENT is assigned to emergency cases that should be evacuated as soon as possible and within a maximum of two hours in order to save life, limb, or eyesight, to prevent complications of serious illness, or to avoid permanent disability.

b. Priority IA-URGENT-SURG is assigned to patients who must receive far forward surgical intervention to save life and stabilize for further evacuation.

c. Priority II-PRIORITY is assigned to sick and wounded personnel requiring prompt medical care. This precedence is used when the individual should be evacuated within four hours or his medical condition could deteriorate to such a degree that he will become an URGENT precedence, or whose requirements for special treatment are not available locally, or who will suffer unnecessary pain or disability.

d. Priority III-ROUTINE is assigned to sick and wounded personnel requiring evacuation but whose condition is not expected to deteriorate significantly. The sick and wounded in this category should be evacuated within twenty-four hours.

e. Priority IV-CONVENIENCE is assigned to patients for whom evacuation by medical vehicle is a matter of medical convenience rather than necessity.

4-4. **Unit Responsibilities in Evacuation**.

A decision to request medical evacuation places certain responsibilities on the requesting unit in the overall evacuation effort. To prepare for and assist during evacuation, the unit must:

a. Ensure that the tactical situation permits successful evacuation.

b. Have an English-speaking representative at the pickup site when evacuation is requested for non-United States personnel.

c. Ensure that patients are ready for pickup when the request is submitted and provide patient information, as required.

d. Receive backhauled medical supplies and report the type, quantity and where they were delivered.

e. Move patients to the safest aircraft approach and departure point or Ambulance Exchange Point (AXP) if they are to be evacuated by air. Ensure that ground personnel are familiar with the principles of helicopter operations. The ground crew:

(1) Selects and prepares the landing site.

(2) Loads and unloads the helicopter according to the pilot's instructions.

(3) Briefs the pilot on the position of enemy troops and directs him to other units in the area, if asked.

(4) Guides the helicopter using hand signals during landing and takeoff when the tactical situation permits.

(5) Marks friendly positions when armed helicopter escort is provided.

4-5. **Types of Medical Evacuation Request Formats and Procedures**.

a. The medical evacuation request is used for requesting evacuation support for both air and ground ambulances.

b. There are two established medical evacuation formats and procedures: one used in wartime and one used in peacetime.

c. Several differences exist between the wartime and peacetime medical evacuation request formats and procedures. The wartime request format is shown in FM 8-10-6, Table 4-1. The peacetime request form differs in two line item areas:

(1) Line 6-changed to number and type of wound, injury, or illness (two gunshot wounds and one compound fracture). If serious bleeding is reported, the patient's blood type should be given, if known.

(2) Line 9-changed to description of terrain (flat, open, sloping, wooded). If possible, include relationship of landing area to prominent terrain features.

d. Security is another basic difference between wartime and peacetime requesting procedures. Under all non-war conditions, the safety bf U.S. military and civilian personnel outweighs the need for security, and clear text transmissions of medical evacuation requests are authorized. During wartime, the rapid evacuation of patients must be weighed against the importance of unit Survivability. Accordingly, wartime medical evacuation requests are transmitted by secure means only.

e. An after-action medical evacuation format is provided in FM 8-10-6, Appendix G.

4-6. **Collection of Medical Evacuation Information**.

The medical evacuation information collected for the wartime medical evacuation request, line numbers 3 through 9, is subject

to brevity codes. This information is limited to the specific remarks provided in FM 8-10-6, Table 7-1 (Table 4-1 in this guide). For example: The information to be collected for Line 4 pertains to special equipment to be placed on board the evacuation vehicle or aircraft. The limiting remarks restrict identification to none required, hoist, extraction equipment, and ventilator. No other remarks are authorized for Line 4.

4-7. **Preparation of the Medical Evacuation Request**.

Field Manual 8-10-6, Table 7-1 (Table 4-1 in this guide), provides the procedures for preparation of the medical evacuation request, to include information requirements and sources.

a. During wartime, brevity codes must be used in preparing all medical evacuation requests. The authorized codes are provided in FM 8-10-6, Table 7-1 (Table 4-1 in this guide); they are also provided in the SOI. Use of locally devised brevity codes is not authorized. If the unit preparing the request does not have access to secure communications, the medical evacuation request must be prepared in encrypted form. Encrypting is required for all information on the request with the exception of:

(1) The medical evacuation line number identifier. This information is always transmitted in clear text.

(2) The call sign and suffix (Line 2) which can be transmitted in clear text.

b. During peacetime, two line number items (Line 6 and 9) will change. Details for the collection of information and request preparation are shown in FM.8-10-6, Table 7-1 (Table 4-1 in this guide). More detailed procedures for use of the peacetime request format must be developed by each local command to meet specific requirements.

Table 4-1. Procedures for Information Collection and MEDEVAC Request Preparation.

LINE	ITEM	EXPLANATION	WHERE/HOW OBTAINED	WHO NORMALLY PROVIDES	REASON
1	Location of Pickup Site	Encrypt the grid coordinates of the pickup site. When using the DRYAD Number Cipher, the same "SET" line will be used to encrypt the grid zone letters and the coordinates. To preclude misunderstanding, a statement is made that the grid zone letters are included in the message (unless unit SOP specifies its use at all times).	From Map	Unit Leader(s)	Required so evacuation evacuation vehicle knows where to pick up patient. Also, so that the unit coordinating the evacuation route for the evacuation vehicle (if the vehicle must pick up from more than one location).
2	Radio Frequency, Call Sign, and Suffix	Encrypt the frequency of the radio at the pickup site, not a relay frequency. The call sign (and suffix if used) of person to be contacted at the pickup site may be transmitted in the clear.	From, SOI (Signal Operating Instructions)	RTO (Radio Telephone Operator)	Required so that evacuation vehicle can contact requesting unit while en route (obtain additional information or change in situation or directions).
3	Number of Patients by Precedence	Report only applicable information and encrypt the brevity code. **A** URGENT **B** URGENT-SURG **C** PRIORITY **D** ROUTINE **E** CONVENIENCE If two or more categories must be reported in the same request, insert the word "BREAK" between each category.	From Evaluation of Patient(s)	Medic or Senior Person Present	Required by unit controlling the evacuation vehicles to assist in prioritizing missions.

Table 4-1. Procedures for Information Collection and MEDEVAC Request Preparation. (continued)

LINE	ITEM	EXPLANATION	WHERE/HOW OBTAINED	WHO NORMALLY PROVIDES	REASON
4	Special Equipment Required	Encrypt the applicable brevity codes. **A** None **B** Hoist **C** Extraction equipment **D** Ventilator	From Evaluation or Patient/ Situation	Medic or Senior Person Present	Required so that the equipment can be placed on board the evacuation vehicle prior to the start of the mission.
5	Number of Patients by Type	Report only applicable information and encrypt the brevity code. If requesting MEDEVAC for both types, insert the word "BREAK" between the litter entry and ambulatory entry. **L** + (# of Pnt) Litter **A** + (# of Pnt) Ambulatory (sitting)	From Evaluation of Patient(s)	Medic or Senior Person Present	Required so that the appropriate number of evacuation vehicles may be dispatched to the pickup site. They should be configured to the patients requiring evacuation.
6	Security of Pickup Site **(Wartime)**	**N** No enemy troops in area. **P** Possibly enemy troops in area. **E** Enemy troops in area (approach with caution). **X** Enemy troops in area.	From Evaluation of Situation	Unit Leader	Required to assist the evacuation crew in assessing the situation and determining if assistance is required. More definitive guidance can be furnished for the evacuation vehicle while it is en route (specific location of enemy to assist an aircraft in planning its approach).

Table 4-1. Procedures for Information Collection and MEDEVAC Request Preparation. (continued)

LINE	ITEM	EXPLANATION	WHERE/HOW OBTAINED	WHO NORMALLY PROVIDES	REASON
6	Number and Type of Wound, Injury, or Illness **(Peacetime)**	Specific information regarding patient wounds by type (gunshot or shrapnel). Report serious bleeding, along with patient blood type, if known.	From Evaluation of Situation	Medic or Senior Person Present	Required to assist evacuation personnel in determining treatment and special equipment needed.
7	Method of Marking Pickup Site	Encrypt the brevity codes. **A** Panels **B** Pyrotechnic signal **C** Smoke signal **D** None **E** Other	Based on Situation and Availability of Materials	Medic or Senior Person Present	Required to assist the evacuation crew in identifying the specific location of the pick up. Note that the color of the panels or smoke should not be transmitted until the evacuation vehicle contacts the unit (just prior to its arrival). For security, the crew should identify the color and the unit verify it.
8	Patient Nationality and Status	The number of patients in each category need not be transmitted. Encrypt only the applicable brevity codes. **A** U.S. military **B** U.S. civilian **C** Non-U.S. military **D** Non-U.S. civilian **E** EPW (Enemy Prisoner of War)	From Evaluation of Patient	Medic or Senior Person Present	Required to assist in planning for destination facilities and need for guards. Unit requesting support should ensure that there is an English-speaking representative at the pickup site.

Table 4-1. Procedures for Information Collection and MEDEVAC Request Preparation. (continued)

LINE	ITEM	EXPLANATION	WHERE/HOW OBTAINED	WHO NORMALLY PROVIDES	REASON
9	NBC Contamination **(Wartime)**	Include this line only when applicable. Encrypt the applicable brevity codes. **N** Nuclear **B** Biological **C** Chemical	From Situation	Medic or Senior Person Present	Required to assist in planning for the mission. Determine which evacuation vehicle will accomplish the mission and it will be accomplished.
9	Terrain Description **(Peacetime)**	Include details of terrain features in and around proposed landing site. If possible, describe relationship of site to prominent terrain feature (lake, mountain, tower).	From Area Survey	Personnel at Site	Required to allow evacuation personnel to assess route/avenue of approach into area. Of particular importance if hoist operation is required.

4-8. **Transmission of the Request**.

The medical evacuation request should be made by the most direct communications means to the medical unit that controls evacuation assets. The communications means and channels used depend on the situation (organization, communication means. available, location on the battlef leld, distance between units). The primary and alternate channels to be used are specified in the unit evacuation plan.

a. Secure Transmissions. Under all wartime conditions, these requests are transmitted by **SECURE MEANS** only. Therefore, the use of non-secure communications dictates that the request be transmitted in **ENCRYPTED FORM**. Regardless of the type (secure or non-secure) of communications equipment used in transmission, it is necessary to:

(1) Make proper contact with the intended receiver.

(2) Use the effective call sign and frequency assignments from the SOI.

(3) Use the proper radio procedure.

(4) Ensure that transmission time is kept to a minimum (20 to 25 seconds maximum).

(5) Provide the opening statement: “I HAVE A MEDEVAC REQUEST."

b. Receiver Acknowledgment. After the appropriate opening statement is made, the transmitting operator breaks for acknowledgment. Authentication by the receiving or transmitting unit should be done in accordance with the tactical SOP.

c. Clear Text and Encrypted Transmissions. If secure communications equipment is used in transmission, the request will be transmitted in **CLEAR TEXT**. However, if the communications equipment used in transmission is not secure, the request must be transmitted in encrypted form with the exception of tne following:

(1) The medical evacuation line number identifier (Line 1, Line 3, and so forth). This information is always transmitted in clear text.

(2) The call sign and suffix (Line 2) which can be transmitted in clear text.

NOTE

When using DRYAD Numeral Cipher, the same "SET" line is used to encrypt both grid zone letters and the coordinates (Line 1 of the request). To avoid misunderstanding, a statement should be made that the grid zone letters are included in the message. This must be accomplished unless the unit SOP specifies that the DRYAD Numeral Cipher is to be used at all times.

d. Letter and Numeral Pronunciation. The letters and numerals that make up the request are pronounced according to standard radio procedures. In transmission of the request, the medical evacuation request line number identifier will be given followed by the applicable evacuation information (example: Line One. TANGO PAPA FOUR SIX FIVE THREE SEVEN NINER).

e. Medical Evacuation Request Line Numbers 1 thru 5. The medical evacuation request line numbers 1 thru 5 must always be transmitted first. The information enables the evacuation unit to began the mission and avoids unnecessary delay if the remaining information is not immediately available. The information for Lines 6 thru 9 should be transmitted as soon as it is available.

f. Monitoring Requirement. After transmission and acknowledgment are accomplished, the transmitting operator must monitor the frequency (Line 2 of the request) to wait for additional instructions or contact from the evacuation vehicle.

4-9. **Relaying Requests**.

If the unit receiving the request does not control the evacuation means, it must relay the request to the headquarters or unit that has control, or to another relaying unit. When the relaying unit does not have access to secure communications equipment, the request must be transmitted in encrypted form. The method of transmission and specific units involved depends on the situation. Regardless of the method of transmission, the unit relaying the request must ensure that it relays the exact information originally received and that it is transmitted by secure means only. The radio call sign and frequency relayed (Line 2 of the request) should be that of the requesting unit and not that of the relaying unit. If possible, intermediate headquarters or units relaying requests will monitor the frequency specified in Line 2. This is necessary in the event contact is not established by the medical evacuation unit, vehicle, or aircraft with the requesting unit.

EVACUATION PLATFORMS

REFERENCES: FM 8-10-6, Chapter 10, Sections 1 thru 5

Section I

ARMY GROUND AMBULANCES

General.

a. Ground ambulances are vehicles designed for or converted to carrying patients. They are organic to Health Service Support (HSS) units which evacuate sick, injured, and wounded soldiers by ground ambulance. These vehicles are equipped with an MES (Medical Equipment Set) designed for use in these ambulances.

b. They are staffed with a driver/medical aidman and an additional medical aidman who are both qualified in basic EMT, procedures.

c. The Geneva Convention stipulates that ground ambulances be clearly marked with the distinctive emblem (red cross on a white background). To camouflage or not display this emblem will result in the loss of the protections afforded under these conventions. Guidance on the camouflage of medical units, vehicles, and aircraft on the ground is contained in Standardization Agreements (STANAG) 2931 OP (paragraph B-26).

Section II

NON-MEDICAL VEHICLES USED FOR PATIENT TRANSPORT AND MEDICAL EVACUATION

General.

a. In combat areas, ambulances are often unavailable, are too few in number, or are incapable of evacuating patients over certain types of terrain. In these instances, many vehicles available to most units can be used to transport casualties with little or no change in their configuration. Some amphibious cargo and personnel vessels can be used for this purpose; however, their patient-carrying capacity varies.

b. When casualties have entered the HSS system, they are classified as patients. Patient evacuation includes providing en route medical care to the patient being evacuated. However, if a patient is moved on a non-medical vehicle without en route medical care, he is considered to be transported, not evacuated.

Section III

EVACUATION BY MEDICAL AIR AMBULANCES

General.

Aeromedical evacuation is accomplished by both helicopter and fixed-wing aircraft. Dedicated aeromedical evacuation assets permit en route patient care. This care minimizes further injury to the patient and decreases mortality.

Section IV

UNITED STATES ARMY NON-MEDICAL AIRCRAFT

General.

The U.S. Army has both fixed-wing and rotary-wing aircraft. These aircraft are employed in both the CZ (Combat Zone) and COMMZ (Communications Zone).

Section V

UNITED STATES AIR FORCE (USAF) AIRCRAFT

General.

Most USAF cargo aircraft can be used for aeromedical evacuation. The aircraft used for the forward airlift movement of troops and supplies may be reconfigured for the aeromedical evacuation mission on the return flight (provided proper equipment is available).